

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>6/2/05</u>		2 Serial/Patent # <u>10/518837</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/> Filing		1	12/21/04							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ 100								
		8 TO BE REFUNDED BY:								
		<input type="checkbox"/> Treasury Check								
		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">4</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">7</td> <td style="width: 20px;">0</td> </tr> </table>		1	4	--	1	2	7	0
1	4	--	1	2	7	0				
10 REASON:										
<input checked="" type="checkbox"/> Overpayment										
<input type="checkbox"/> Duplicate Payment										
No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>pat legal</u>								
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>								
OFFICE: <u>PCT</u>										

THIS SPACE RESERVED FOR FINANCE USE ONLY:										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: